



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOLID WASTE MANAGEMENT PROGRAM

P.O. BOX 176

JEFFERSON CITY, MISSOURI 65102

**APPLICATION FOR SOLID WASTE DISPOSAL AREA OR PROCESSING FACILITY CONSTRUCTION PERMIT**

NAME OF DISPOSAL AREA OR PROCESSING FACILITY TO APPEAR ON PERMIT \_\_\_\_\_

GENERAL LEGAL DESCRIPTION \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_, SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_  
LATITUDE \_\_\_\_\_ LONGITUDE \_\_\_\_\_ COUNTY \_\_\_\_\_

CHECK TYPE OF DISPOSAL AREA OR PROCESSING FACILITY PROPOSED	DISPOSAL AREA	PROCESSING FACILITY
	<input type="checkbox"/> SANITARY LANDFILL <input type="checkbox"/> DEMOLITION LANDFILL <input type="checkbox"/> SPECIAL WASTE LANDFILL (INDICATE TYPE BELOW) <input type="checkbox"/> UTILITY WASTE LANDFILL <input type="checkbox"/> OTHER (SPECIFY BELOW)	<input type="checkbox"/> INCINERATOR <input type="checkbox"/> COMPOST PLANT <input type="checkbox"/> INFECTIOUS WASTE PROCESSING FACILITY (INDICATE TYPE BELOW) <input type="checkbox"/> OTHER (SPECIFY BELOW)

**BRIEF DESCRIPTION OF FACILITY AND OPERATION:**

SIZE	PROPOSED OPERATING HOURS
CAPACITY (TON/DAY)	OPERATING LIFE
TYPE OF WASTE ACCEPTED	

DESCRIPTION OF PHYSICAL LOCATION (DIRECTIONS AND ADDRESS)


REGISTERED ENGINEER OR CONSULTING ENGINEERING FIRM SUBMITTING PLANS		(Name of Engineer or Consulting Engineering Firm)	
NAME	COMPANY	TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

**THE PERMIT WILL BE ISSUED TO THE "PERSON(S)" DESIGNATED BELOW AS THE "OWNER" AND THE "OPERATOR."** "Person" is defined by 260.200, RSMo to mean; individual, partnership, corporation, association, institution, city, county, other political subdivision, authority, state agency or institution, or federal agency or institution.

**OPERATOR** ("Person" principally responsible for the day to day operation and management of disposal area or facility.)

OPERATOR NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

**OWNER** ("Person" which appears on general warranty deed as property landowner.)

OWNER NAME		TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

If granted this permit, we the undersigned, agree to abide by state and federal laws, and the rules, orders and decisions of the Missouri Department of Natural Resources. We understand that in the event of any false or fraudulent information in the application, plans and data, or of failure to construct the area or facility in a proper and legal manner, the permit may be revoked after due notice from the Missouri Department of Natural Resources. We understand the permit is issued jointly to the owner and operator, as designated above.

SIGNATURE OF OPERATOR (OR AUTHORIZED REPRESENTATIVE)	DATE
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PRINT **NAME AND TITLE** OF THE INDIVIDUAL WHO SIGNED ABOVE FOR THE **OPERATOR**

SIGNATURE OF OWNER (OR AUTHORIZED REPRESENTATIVE)	DATE
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PRINT **NAME AND TITLE** OF THE INDIVIDUAL WHO SIGNED ABOVE FOR THE **OWNER**